

YES

NO

Do you have a valid NH Driver's License?

License Number: _____

Expires: _____

Class: _____

Restrictions: _____

Has your Driver's License ever been revoked / suspended?

When: _____

Where and Why? _____

Please indicate your availability in normally required Fire Department activities (meetings, training, emergency calls, etc.).

Please check appropriate time periods:

Weekdays: Days _____ Evenings _____ Nights _____

Weekends: Days _____ Evenings _____ Nights _____

Previous emergency services: (Include only Fire, Rescue, and EMS Agencies)

Name, Address, Telephone and Contact Person of Agency(s):

Please list three personal references, *other than members of this organization*, who have known you for at least three years:

A. Name: _____ Telephone: _____

B. Name: _____ Telephone: _____

C. Name: _____ Telephone: _____

Please list the names of any family members, friends or acquaintances that are members of this organization:

Regulations require that you pass a physical examination before becoming a firefighter. The Department's designated physician will provide you with a free medical examination. Are you willing to undergo a medical examination? Yes _____ No _____

	Name of School and Location Include College, Graduate Work and Summer Sessions	Dates Attended	Diploma/ Degree Conferred (Please indicate: MAJOR & MINOR)
HIGH SCHOOL			
UNDERGRADUATE			
GRADUATE			

Employer and Location (Most Recent First)	Position Held	Dates Employed		Reason for Leaving
		From: (Mo./Yr.)	To: (Mo./Yr.)	

OTHER QUALIFICATIONS

In addition to your work history, what other experiences, skills, qualifications, or **emergency services certifications/licenses** do you have that would enhance your candidacy for a position with the Amherst Fire Rescue? *Please attach copies of any license or certification.*

ADDITIONAL INFORMATION

PLEASE READ BEFORE SIGNING

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and that Amherst Fire Rescue has the same right. I further understand that Amherst Fire Rescue may contact my previous employers, schools, or listed references to obtain any information regarding employment or education. I authorize those employers, schools, and references to disclose to Amherst Fire Rescue all records and other information pertinent to my application for employment with Amherst Fire Rescue. I agree that Amherst Fire Rescue, my previous employers, schools, and references will not be liable in any respect if a job offer is not extended, is withdrawn, or if my employment is terminated because of false statements, omissions, or other information contained within this application. I also authorize Amherst Fire Rescue to provide truthful information concerning my employment with Amherst Fire Rescue to my future prospective employers, and I agree to hold it harmless for providing such information.

I certify that all of the information that I have provided in this application and in any interview will be complete, true, and accurate. I understand that if I am employed, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged.

Date

Signature

RETURN OF AMHERST FIRE RESCUE PROPERTY

All Amherst Fire Rescue property, tools, equipment, documents, or records made or compiled by you or made available to you in connection with the business of Amherst Fire Rescue must be returned to the Amherst Fire Rescue promptly upon termination of your employment, resignation, or at any other time upon request.

I _____ do hereby agree to comply
Printed Name

with the above stated.

Date

Signature

**AMHERST FIRE RESCUE
APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to confirm the information that I have supplied on my application for membership with Amherst Fire Rescue, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and references to disclose relevant information and/or records about me to Amherst Fire Rescue whether the information be of public, private or confidential nature; and release them from liability and responsibility from doing so.

This authorization shall be valid for this and any future information, reports or updates that may be requested.

I understand this form will accompany request for official documents and confirmation of my credentials.

Applicant Name (Please Print)

Date of Birth

Applicant Signature

Date

Applicant Social Security Number

Applicant Driver License Number

Subscribed and Sworn to

Before Me, This _____ Day of _____ 20____.

(Notary Public)